


# 2010 FOR PROFIT ANNUAL REPORT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION ANNUAL REPORT**  **FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P03000050978  
 1. Corporation Name  
SCUBA PRO-TECH

2. Principal Office Address - No P.O. Box # <u>21928 NW CR #236</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>HIGH SPRINGS FIA</u>		City & State <u>F</u>	
Zip <u>32643</u>	Country <u>USA</u>	Zip	Country

**FILED**  
 10 MAY -4 PM 2: 28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 300180272733  
 05/04/10--01046--010 \*\*150.00  
 CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 05082003

5. FEI Number 043759057 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
WAYNE J. SCHREIBER

Street Address (P.O. Box Number is Not Acceptable)  
21928 NW COUNTY RD #236

Suite, Apt. #, Etc.

City HIGH SPRINGS State FL Zip Code 32643

**PROFIT CORPORATIONS ONLY**  
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Wayne J. Schreiber Date 4/28/10  
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES</u>	<u>WAYNE SCHREIBER</u>	<u>21928 NW CR #236</u>	<u>HIGH SPRINGS, FL 32643</u>

JS 5/10

10. E-mail Address: WAYNEPROTECH@YAHOO.COM  
 (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Wayne J. Schreiber Date 4-28-10 386 Daytime Phone # 434-2039  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR